

Equipment Supplemental Application

This supplemental should be sent in conjunction with the Acord 125.

Quote Date	Cover Date	Exp. Date	Policy Term
Agency Name		Agency Contact	
Agency Phone No.	Agency Fax No.	Does Agent Know Proposed Insured Personally? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. Of Years
What other coverages do you write for this insured?			

Insured Information			
Insured Name		Social Security Number	
Insured DBA		Fed ID Number	
Physical Address			
Mailing Address			
City	State	ZIP Code	Phone Number
Type Business	Yrs In Business	Prior Carrier	
5 Yr Loss Amt \$	Explanation of Loss		Loss Date:
Radius of Operation	Avg. Years Experience of Operators	Number of Pieces Owned	Number of Pieces Insured

Equipment Detail					
Note type of fire suppression equipment by each machine listed below (i.e., water tank, fire extinguisher, etc.)					
Unit	Year	Make & Model	Fire	Serial No.	Ins. Amt.
#1					
#2					
#3					
#4					
#5					
Verify Year / Models On All Equipment					
What Company writes the W/C and GL for the insured?					
Provide overview of maintenance program.					

For Forestry/Construction, describe cool down procedures.		
Provide all security measures for equipment during non working hours and weekends.		
Is applicant operating equipment not listed here? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any property used underground? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work done afloat or any waterborne equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rented/Leased Equipment		
Any equipment rented or loaned to others with/ without operator? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Any equipment rented or loaned from others? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If requesting Rented/Leased coverage, answer questions below.		
Prior 12 and estimated next 12 months rental expenditures to rent equipment from others		
Max and average per item value requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Max and average occurrence limit requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cranes		
Do the operators have more than 5 years experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are all operators certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Verify all cranes are owned. If Rented/Leased, which items and length of lease or rental?		
What is the crane used for?	Is Overload Coverage requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all Cranes equipped with weight of load monitoring devices that automatically shut down the machine if the cargo exceeds the vehicle's maximum lifting capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can the insured override the weight of load capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe the safety equipment and procedures in place on cranes.		
Rigging / Hook		
Prior 12 and estimated next 12 months rigging receipts?		
Average and maximum height of lift?	Average and maximum "on-hook" values?	
Description of typical items lifted?	Can the insured override the weight of load capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No	

THE UNDERSIGNED CERTIFIES THAT THE ANSWERS HEREIN ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE. SIGNING OF THE APPLICATION DOES NOT BIND THE INSURER TO COMPLETE THE INSURANCE BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF A CONTRACT SHOULD A POLICY BE ISSUED.

Loss Payee _____

Applicant's Signature

Date

Producer's Signature

Date